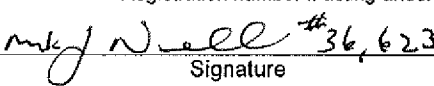


|   |            |   |           |
|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional)<br>0230-0242PUS1 |           |
| Application Number<br>10/594,595-Conf. #5586  |            | Filed<br>September 28, 2006               |           |
| For THERAPEUTIC AGENTS AND THERAPEUTIC METHODS FOR TREATING INJURED TISSUE  |            |   |           |
| Art Unit<br>1632  |            | Examiner<br>S. L. Chen                    |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |           |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                   |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130      | \$65                                      | \$ _____  |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490      | \$245                                     | \$ 245.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110     | \$555                                     | \$ _____  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865                                     | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175                                    | \$ _____  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448.                         |            |   |           |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 28,977   |            |   |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____   |            |   |           |
| <br>Signature  |            | September 8, 2010<br>Date                 |           |
| Gerald M. Murphy, Jr.<br>Typed or printed name  |            | (703) 205-8000<br>Telephone Number        |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |            |   |           |
| <input type="checkbox"/> Total of 1 forms are submitted.  |            |   |           |